

SEP 6 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

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1. PLACE OF DEATH

County Howell Registration District No. 385 File No.
Township Primary Registration District No. 5-2-26 Registered No.
City Willow Springs, Mo. St. Ward)

2. FULL NAME Mollie Sophia Lowe

(a) Residence, No. St. Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jesse A. Lowe.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 3d, 1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
75 11 15

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Herman, Missouri

MOTHER FATHER
13. NAME Mr Helburg

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany.

15. MAIDEN NAME Dont Know

MOTHER FATHER
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know.

17. INFORMANT (ADDRESS) Earl C Lowe 3808 Avenida Oak Hill

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE City Cemetary 8/18/1939

19. UNDERTAKER (ADDRESS) Burns & Son, Willow Springs, Mo. 345

20. FILED 8-18-1939 Nanette Ferguson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-16-1939

22. I HEREBY CERTIFY, That I attended deceased from 6-23- 1939, to 8-16- 1939
I last saw her alive on 8-15- 1939. Death is said to have occurred on the date stated above, at 1:26 am.
The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis Date of onset 8-15-39

Other contributory causes of importance: Chr. choleystitis 1930

Name of operation Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) E. J. Callahan M. D.
(Address) Willow Springs, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 5,

District File Number 939-132

Date Filed 9/59